

### **Welcome to Streamlined Sales Tax Registration**

Please select any one from the following:

- New Streamlined Sales Tax Registration
- New Traditional Registration
- Change/Update Streamlined Sales Tax Registration
- Change/Update Traditional Registration









# Welcome to Streamlined Sales Tax Registration Identify your business

Enter your 9 digit Federal Identification number or Social Security.

Federal Identification Number OR Social Security Number



#### Sales tax Streamlined

### **Business tax information**

Legal name *	Business Name ( If different than Legal)
Business address	☐ Check if foreign country
Address *	
Apt or Suite	
City *	
State *	Zip *
	ddress (if different than above) Check if foreign country
Mailing address *	
Apt or Suite	
City *	
State *	Zip *
State of Incorporati	on or organization * *Effective Date
This is the person we	e will contact with questions regarding your registration, filings, and payments.
Contact name *	
Contact phone *	Contact e-mail *
Enter the NAICS cod	de that best describes your primary source of business.
NAICS Code *	( Look up your code on the U.S. Census Bureau's website. )



#### Sales tax Streamlined

## **Technology Model**

Which technology model for reporting and paying are you registering for?

Model 1
CSP Number

Model 2

CAS Number

Model 3Certified system

None

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#### Sales tax streamlined

## **Registration Status**

	Eligible to volunteer for Sales tax Streamline	Already registered in this state	Need to register in this state
Michigan	•	0	•
Minnesota	0	0	0
Missouri	0	0	0
Nebraska	0	0	0

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#### Sales tax streamlined

### **Registration Confirmation**

Below is your SSTP ID number. Please retain this number for all future filing, paying and registration interactions.

You indicated you need to register for the following states which have a traditional online registration process available. Please select which states you would like to register for at this time.

- Minnesota
- North Dakota
- South Dakota
- South Carolina
- I will contact the individual states to complete my registration.

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# Traditional Registration Legal organization

Stop

What type of legal organization are you?

Refresh

Home

- Association
- Bank
- C-Corporation
- Cooperative
- Estate or Trust
- Government Federal
- Government Other
- General partnership
- Insurance company
- Limited liability company
- Limited liability partnership
- Limited partnership
- Nonprofit
- Nonprofit corporation
- Nonprofit organization
- Partnership / joint venture
- Real estate investment trust
- Sole proprietor
- Other

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### **Business tax information**

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Legal name *	Paul repair	Business Name ( If different
Business addres	S	☐ Check if foreign country
Address *		
Apt or Suite		
City *		
State *	•	Zip *
Provide mailing	address (if different than a	bove) Check if foreign country
Mailing address *		
Apt or Suite		
City *		
State *	▼	Zip *
State of Incorpora	tion or organization *	•
This is the person v	we will contact with questions	s regarding your registration, filings, and payments.
Contact name *		
Contact phone *		Contact e-mail *
Enter the NAICS c	ode that best describes you	ur primary source of business.
NAICS Code *		( Look up your code on the U.S. Census Bureau's website. )



### Owner, officer, or personal representative information

Enter your owner, officer, or personal representative information

First name*	MI	Last name*
Officer address* Apt or Suite City* State*	ess information Zip*	Check if a foreign address
Phone* Fax* E-mail* SSN* Title*		
□Additional o		inue



### Sales and use tax information

Minnesota North Dak South Dal South Car	sales a kota kota	is your estimated and/or purchases	9	Sales tax begin date  *  *  *  *  *  *  *  *  *  *  *  *  *
Do you make ta		r more than one p	ohysical location in any c	of the states you are registering for?
• No				
Select the state  Minnesota  North Dakota  South Dakota  South Carolin	i B	have more than o	ne physical location.	
Is this business	open all year	?		
• Yes	<b>3</b>			
Select t. 9 mon	ths you are ac	ctive for sales and	d/or use tax:	
□January	□April	□July	□October	
□February	□May	□August	□November	
□March	□June	□September	□December	

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#### **Transaction confirmation**

Below is your confirmation number. Please retain this number for your records.

Confirmation number

### **Links to individual states**









### **Business Tax Information**

#### **ALABAMA**

Please provide the following information to complete your registration for sales tax for the state listed above:

Web address\*









## Sales tax location information ALABAMA

Please provide information for each of the physical locations you make taxable sales and/or purchases for in Alabama.

Location nam	Location begin date*
Location address  Address*  Apt or Suite  City*  State*  Zip*	
Describe your primary activity of but  Free form text  Do you have additional physical lo	usiness or product sold at this location: *  cations to register in Arkansas?



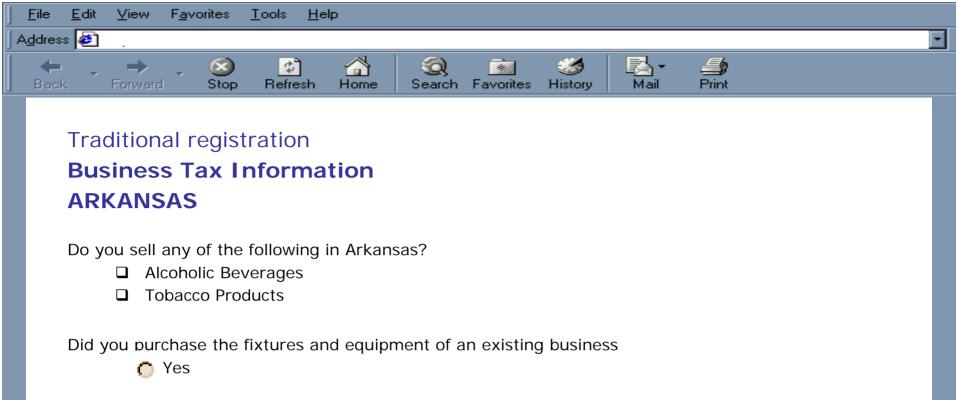


Yes No

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**Business Name** 

Sales Tax Permit Number







## **ARKANSAS**

Please provide information for each of the physical locations you make taxable sales and/or purchases for in Arkansas.

County name *	¥
Begin Date:	

Please describe the principle activity of the business and the product sold at this location\*

#### Free form text

Did you purchase an established business?





Business Name
Owner Name
Sales Tax Permit Number

Do you have additional physical locations to register in Arkansas?



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Is your primary business location rented?

- Yes
- No

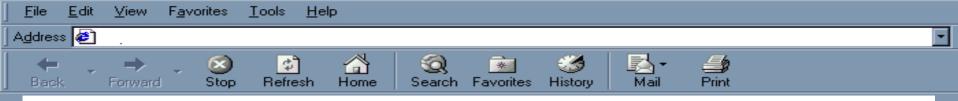
Do you operate from your home?

- Yes
- No





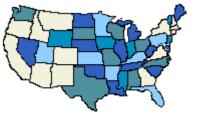




Please enter the following information regarding your landlord.

First name*	Last name*
Address*  Apt or Suite  City*  State*  Zip*	Check if foreign address
Phone*	









## **Business Tax Information**

#### **FLORIDA**

Dogs vour husing	ce activity includa	any of the following?	Select all that apply:
Dues your busine.	ss activity include	arry or the ronowing:	Sciect all that apply.

- ☐ Sales of property or goods at retail (to consumers)
- ☐ Sales of property or goods at wholesale (to registered dealers)
- Sales to secondhand goods
- ☐ Rental of commercial real property to individuals or businesses
- ☐ Rental of transient living or sleeping accommodations (for six months or less)
- Management of transient living or sleeping accommodations belonging to others
- ☐ Rental of equipment or other property or goods to individuals or businesses
- Renting/leasing motor vehicles to others
- Repair or alteration of tangible personal property
- Charging admission or membership fees
- ☐ Placing and operating coin-operated amusement machines at business locations belonging to others

ot taxed by the seller at time of purchase

- ☐ Placing and operating vending machines at business locations belonging to others
- Purchasing items to be included in a finished product assembled or manufactured for sale
- ☐ Providing any of the following services:
- Pest control for nonresidential buildings
- ☐ Cleaning services for nonresidential buildings
- Detective services
- Protection services

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□ Security alarm system monitoring

ter









What products or services do you purchase for resale?\*

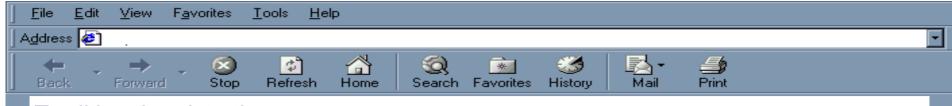
Free form text











# Sales Tax Location Information IOWA

County name\*

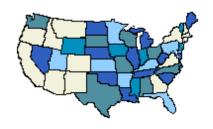
Begin date \*

State specific ID's

Do you have additional physical locations to register in IOWA

Yes No











#### Check all that apply:

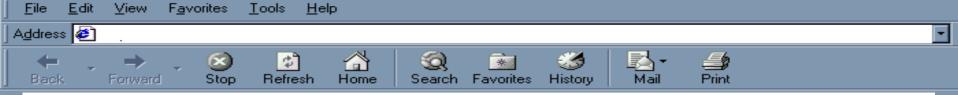
- □Do you purchase merchandise, equipment, fixtures, and other items outside the state for your own use (not for resale) in which you are not charged a sales tax?
- □Will sales be made from various temporary locations?
- □Does your business ship or deliver merchandise to customers?
- □ Are you performing labor services in connection with the construction, reconstruction, or repair of commercial buildings or facilities?
- □Do you sell natural gas, electricity, water, or heat (propane gas, LP gas, coal, wood) to residential or agricultural customers?











# Traditional registration Sales Tax Location Information KANSAS

Please provide the following information for your business main location: County\*

What is you accounting method?

- Cash
- Accrual

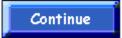
Is your business located inside city limits?

- Yes
- No

Please describe the principle activity of your business and product sold\*

#### Free form text

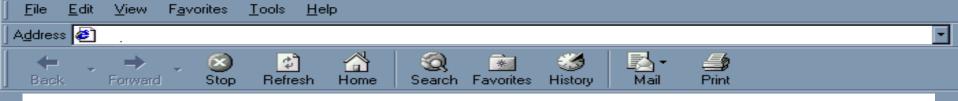












# Traditional registration **Business Tax Information KENTUCKY**

Previous Taxpayer ID:



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# **Business Tax Information MINNESOTA**

Please indicate which jurisdictions you need to report sales and use tax

- Cook county sales and use
- ☐ Hermantown sales and use
- Mankato sales and use
- Minneapolis sales and use
  - Downtown liquor
  - Lodging
  - □ Downtown restaurant
  - entertainment
- New Ulm sales and use
- Proctor sales and use
- Rochester sales and use
  - □ Rochester lodging
- ☐ St. Cloud food and liquor
- □ St. Cloud area tax
- ☐ St. Paul sales and use
- ☐ St. Paul lodging > 50 rooms
- ☐ St. Paul lodging < 50 rooms
- Two Harbors sales and use









# Traditional registration Sales Tax Location Information

Minnesota

Please provide information for each of the physical locations you make taxable sales and/or purchases for in Minnesota.

Location name\*

Location address
Address\*
Apt or Suite
City\*
State\*

Zip\*

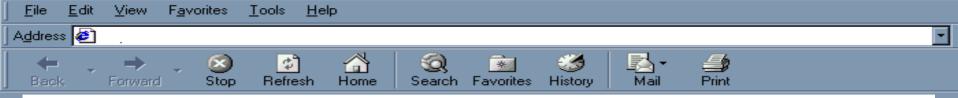
Do you have additional physical locations to register in Minnesota?

- Yes
- No









# Traditional registration Sales Tax Location Information MINNESOTA

Is your business located on an Indian Reservation?

- Yes
- No

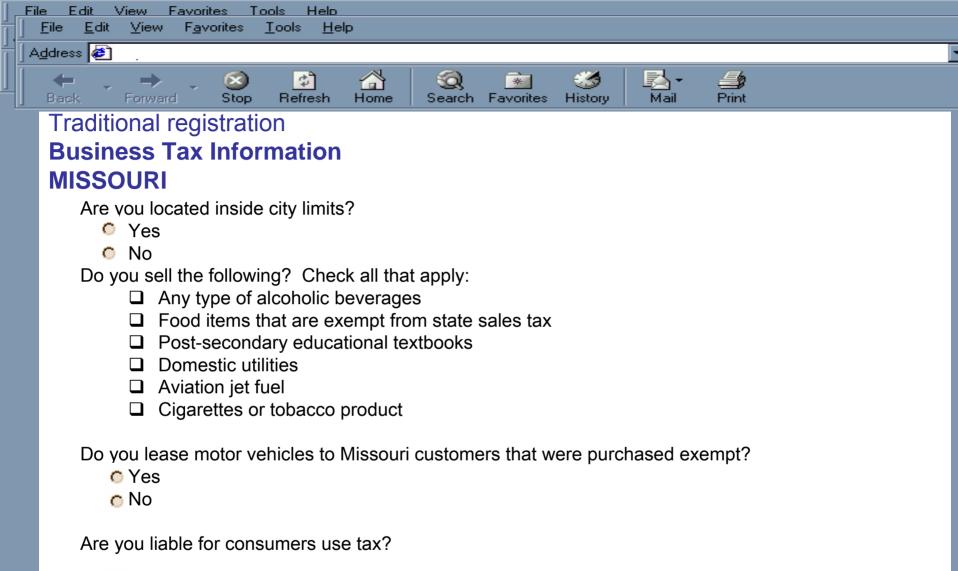
If yes, name of Indian Reservation\*











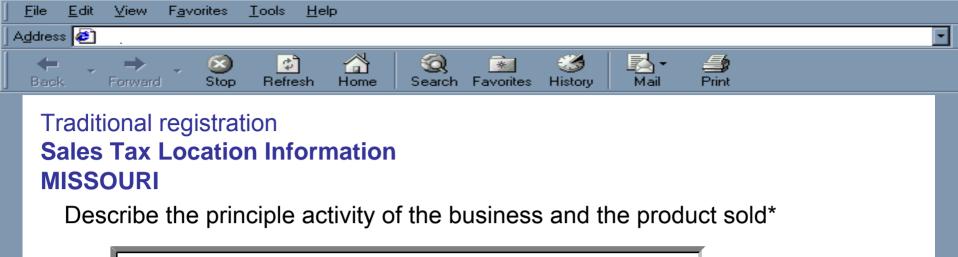
Yes

O No









	L

Is this business a Missouri Corporation?

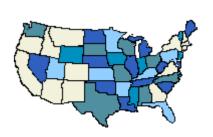
- Yes
- No

Missouri charter number\*

Certificate of Authority number\*











# Traditional registration **Business Tax Information NORTH DAKOTA**

North Dakota law requires foreign corporations, Limited Liability Companies, Limited Partnerships, and Limited Liability Partnerships to register and obtain a Certificate of Authority from the Secretary of State before our office can issue a sales tax permit.

Provide the ID number issued by the Secretary of State found on the Certificate of Authority.









# Traditional registration **Business Tax Information SOUTH CAROLINA**

### **Owner / Officer**

Last name First name	e Percent of *	Is thi	s officer	Numb	er of
	ownership	a South Yes	Carolina resident? No	Years	Months
		0	0		
o FEIN* o SSN	N Percentage o	of ownersh	nip*		
Do you have add	litional owner/offi	cer to regi	ister in South Ca	aroline?	
<ul><li>Yes</li><li>No</li></ul>					

# **Business Tax Information SOUTH CAROLINA**

Do you sell any of the following?

- Aviation Gas
- Batteries
- Cellular services
- ☐ Food
- Motor oil
- ☐ Tires

#### Are you

An instate seller
 An outstate seller

Concilidated return, do you file for mulitple entities?

Yes

No













# Traditional registration Sales Tax Location Information SOUTH DAKOTA

What county is your business located in?\*

Accounting method

Cash

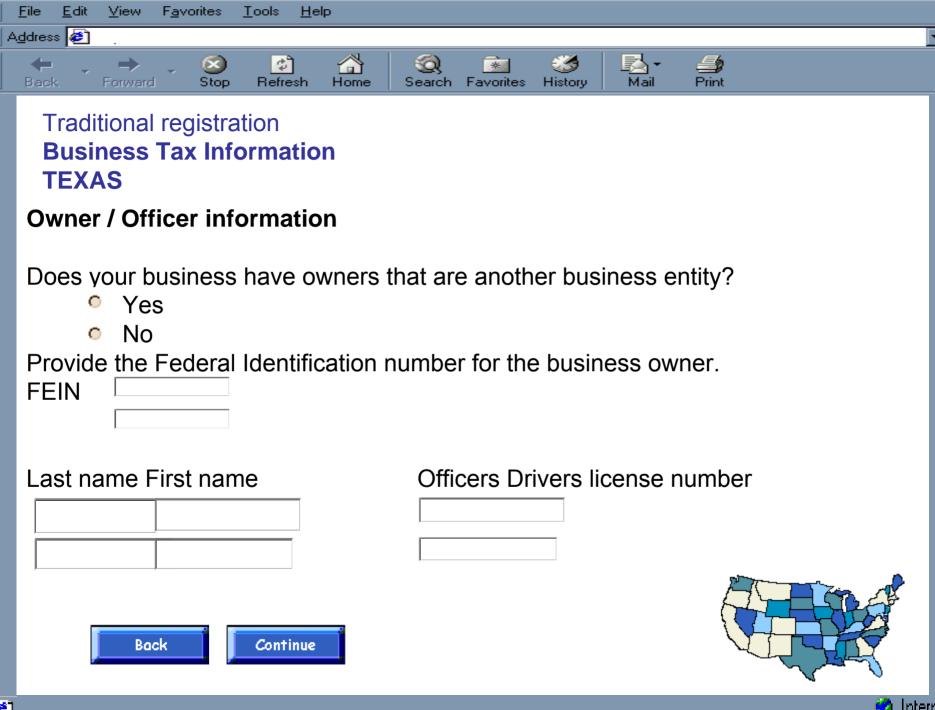
Accrual















# **Traditional registration Sales Tax Location Information**

#### **Texas**

Please provide information for each of the physical locations you make taxable sales and/or purchases for in Minnesota.

Location NAIC Code\*

Does this location operate all year • Yes • No If no.

- o this is a one-time sale
- will business be contacted at this location each year

Do you have additional physical locations to register in Texas?

- Yes
- No









Are you a seller with no established place of business selling at a temporary location (trade show, event, or door-to-door)?

- Yes
- No

Will you have out-of-state suppliers shipping taxable items directly to customers' locations in Texas?

- Yes
- No

Do you make retail sales of taxable items on an installment purchase plan or deferred payment plan where interest is charged on the entire balance, including the sales tax?

- Yes
- No









What accounting method do you use to keep your records?

- Accrual basis
- Cash basis

Do you do your own financing on some accounts on which interest is charged?

- Yes
- No

Did you purchase an existing business?

- Yes
- No









### Please provide the following information about the previous owners.

Zip*	
	Zip*









Purchase date

Purchase price

#### What was included in the purchase price:

- ☐ Inventory
- ☐ Corporate stock
- ☐ Equipment
- ☐ Real estate
- ☐ Other assets (explain)









#### **UTAH**

Do you want to voluntarily file your sales tax on a monthly basis?

- Yes
- No

Will vou sell goods or services from?

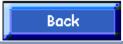
- Only one fixed place of business in Utah
- More than one fixed place of business in Utah

Will you sell goods or services (other than prepared food) from a non-fixed place of business, such as door-to-door or through vending machines or multi-level marketing?

- Yes
- No

Is your business located in Utah and do you ship goods from a location outside Utah to a customer.

- <sup>o</sup> Yes
- No









Are you a vendor who has no physical or representational presence in Utah who is selling goods or services shipped by U.S. Mail or common carrier, directly to Utah customers?

Yes

No

Are you a utility providing telephone service, electricity or gas?

Yes

No

Are you a real property contractor bringing material directly to a Utah job site and/or having material shipped direct to a Utah job site from a location outside Utah?

Yes

No

Will you purchase goods or services tax-free from vendors located outside Utah for storage, use or consumption by you or your business in Utah and need to report use tax of more than \$400 annually?

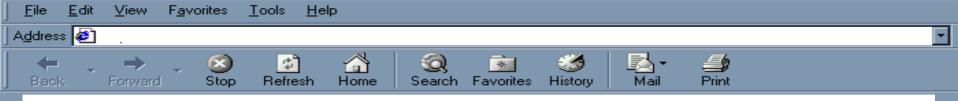
Yes

No

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Please describe the principle activity of the business and the product you sell.\*

Free form text









Please describe the principle activity of the business and the product you sell.\*

Free form text





